



**Arkansas Fire Protection Licensing Board
Arkansas Department of Labor & Licensing**

900 West Capitol, Suite 400, Little Rock, AR 72201
501-661-7903 (O) * Katherine.Dunford@arkansas.gov

AFPLB Admin	Date _____	Check # _____	Amount \$ _____
Use Only	Licensing Year _____	Processed By _____	

**REQUEST FORM
LICENSE TRANSFER**

DIRECTIONS: Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE.** Any false statement or material misrepresentation of this application shall be cause for denial, suspension, or revocation of a Certificate of Registration.

Transfer Fee\$25

Make all checks or money orders payable to:

Arkansas Fire Protection Licensing Board

LICENSEE INFORMATION

AFPLB License #(s)

Name: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Cell Number:(____) _____

Driver's License #: _____ State: _____

Signature of Licensee: _____ Date: _____

CURRENT FIRM/BRANCH

AFPLB License #(s)

Name of Firm/Branch: _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Fax:(____) _____ Email: _____

NEW FIRM/BRANCH

AFPLB License #(s)

Name of Firm/Branch: _____

Physical Address _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone:(____) _____ Fax:(____) _____ Email: _____

Name of Owner/Manager: _____

Signature of Owner/Manager: _____ Date: _____

Start Date with New Firm/Branch: _____